

At-a-Glance

Proposed Membership and Personnel Requirements for Intestine Transplant Programs

- **Affected/Proposed Policy:** New Appendix J: Membership and Personnel Requirements for Intestine Transplant Programs

- **Liver and Intestinal Organ Transplantation and Membership and Professional Standards Committees**

The proposed bylaw will define a designated intestine transplant program and establish minimum qualifications for primary intestine transplant surgeons and physicians. The proposal includes a full approval pathway and a conditional approval pathway to obtain the requisite experience to perform primary surgical and medical care. The intent is to set minimum standards where none currently exist without compromising quality or restricting new program formation.

- **Affected Groups**

Transplant Administrators
Transplant Data Coordinators
Transplant Physicians/Surgeons
Transplant Program Directors
Transplant Social Workers
Intestine Candidates

- **Number of Potential Candidates Affected**

There were 158 new intestine waiting list candidates and 106 transplants performed in 2012. This number has been declining since 2007, when 198 intestine transplants were performed.

- **Compliance with OPTN Strategic Plan and Final Rule**

This proposal will promote transplant patient safety.

- **Specific Requests for Comment:** None.

Proposed Membership and Personnel Requirements for Intestine Transplant Programs

Affected/Proposed Policy: New Appendix J (Membership and Personnel Requirements for Intestine Transplant Program)

Liver and Intestinal Organ Transplantation (LTC) and Membership and Professional Standards Committees (MPSC)

Public comment response period: March 14, 2014 – June 13, 2014

Summary and Goals of the Proposal

The proposed bylaw will define a designated intestine transplant program and establish minimum qualifications for primary intestine transplant surgeons and physicians. The proposal includes a full approval pathway and a conditional approval pathway to obtain the requisite experience to perform primary surgical and medical care. The intent is to set minimum standards where none currently exist without compromising quality or restricting new program formation.

Background and Significance of the Proposal

There are currently no OPTN/UNOS requirements for qualifying intestinal programs, physicians, and surgeons. Currently, any transplant program that is approved to perform liver transplants can perform intestinal transplants. The LTC submitted a proposal for public comment in August 2006, but it was not well-supported, and the proposal was withdrawn. The main concerns expressed were that a large number of well-qualified programs and smaller volume programs would not be able to meet these requirements, and that no training program in the country would have met the requirements as written. The proposal also did not contain a transition plan for existing programs. The LTC was aware that the American Society of Transplant Surgeons (ASTS) was developing its own criteria for intestinal program accreditation that would set levels for volume and experience, so it agreed to postpone this effort until after the ASTS made its recommendations.

The ASTS finalized its criteria for fellowship training programs in September 2008. A Subcommittee of the LTC made initial recommendations applying the bylaws for liver transplant surgeons and physicians with the ASTS volume numbers (10 transplants per year) as a starting point. These were presented to the MPSC in November 2009, and objections were expressed similar to ones regarding the prior proposal. In December 2012, the Subcommittee presented recommendations to the MPSC, and once again concerns about the volume requirements were expressed because the number of intestine transplant surgeries has been declining since 2007. Concerns about how the bylaw would be implemented also resurfaced. In order to facilitate better cross-committee communication, a joint Liver-MPSC subcommittee was created in the fall of 2013. This joint subcommittee made several modifications to the proposal to address the concerns that have been expressed. In December 2013, the MPSC reviewed the most recent recommendations, and indicated that the proposal as amended addressed their concerns and was ready for public comment.

Proposal Highlights

The Committees recognize that the thresholds proposed were not derived from statistical analyses; this is a low-volume procedure with the majority of programs performing fewer than 5

intestine or liver-intestine transplants in 2012. However, currently there are no requirements for who may perform intestine transplants and care for intestine transplant recipients. The thresholds for other organs were initially developed in similar manner. The threshold of 7 transplants for surgeons and 7 post-transplant patients for physicians represent a level of experience that will allow the OPTN to set some minimal standards without restricting access or new program development.

- Designated Intestine Transplant Program. In order to be designated as an intestine transplant program, the applying transplant Hospital must have current approval as a designated liver transplant program. The hospital must also identify a designated physician or surgeon who is a member of the hospital staff to act as the transplant Program Director, as well as a qualified primary transplant surgeon and physician. The primary liver surgeon may also be the primary intestine surgeon if all the requirements for both are met. The application must contain a detailed program personnel coverage plan.
- Primary Surgeon Requirements. A Designated Intestine Transplant Program must have a primary surgeon who meets all of the following requirements:
 - M.D., D.O., or equivalent degree from another country, with a current license to practice medicine in the hospital’s state or jurisdiction;
 - Accepted on the hospital medical staff, and be on site at the transplant hospital;
 - Documentation from the hospital credentialing committee verifying state licensure, board certification, training, and transplant continuing medical education;
 - Currently a member in good standing of the hospital medical staff;
 - Current certification by the American Board of Surgery, the American Board of Osteopathic Surgery, or the International Board of Medicine and Surgery (IBMS); and
 - Must have completed at least one of the pathways described in Table 1.

Table 1 Primary Surgeon Experience Pathways

Full Approval	Conditional Approval
<ul style="list-style-type: none"> ▪ At least 7 Intestine transplants as primary surgeon with 3 Intestine transplants in the past 5 years. ▪ Performed at least 3 intestine procurements with at least 1 liver-inclusive recovery. ▪ Direct involvement in intestine transplant patient care within the last 2 years ▪ Training completed at an ASTS-accredited program (or appropriately trained foreign graduate 	<ul style="list-style-type: none"> ▪ At least 4 Intestine transplants in the previous 5 years and then 3 intestine transplants over the next 3 consecutive years. ▪ Performed at least 3 intestine procurements with at least 1 liver-inclusive recovery. ▪ Direct involvement in intestine transplant patient care within the last 2 years
<p>If the surgeon does not meet the currency requirements for either pathway, approval may be granted if the surgeon develops a formal mentor/proctor relationship with a primary intestine transplant surgeon at another fully approved intestine transplant program.</p>	

- **Primary Physician Requirements.** A Designated Intestine Transplant Program must have a primary physician who meets all of the following requirements:
 1. An M.D., D.O., or the equivalent foreign degree, with a current license to practice medicine in the hospital's state or jurisdiction.
 2. Accepted onto the hospital's medical staff and be on site at this hospital.
 3. Documentation from the hospital credentialing committee verifying state license, board certification, training, and transplant continuing medical education.
 4. Current board certification in gastroenterology by the American Board of Internal Medicine, the American Board of Pediatrics, or the foreign equivalent
 5. Must have completed at least one of the pathways described in Table 2.

Table 2 Primary Physician Experience Pathways

Full Approval	Conditional Approval
<ul style="list-style-type: none"> ▪ Direct involvement in the primary care of at least 7 newly transplanted intestine recipients, followed for a minimum of 3 months ▪ Direct involvement in intestine transplant patient care within the last 2 years ▪ Observed at least one isolated intestine transplant and one combined liver-intestine or multi-visceral 	<ul style="list-style-type: none"> ▪ Directly involved in the primary care of at least 5 newly transplanted intestine recipients and continued to follow these recipients for a minimum of 3 months from the time of transplant <ul style="list-style-type: none"> – Direct involvement in intestine transplant patient care during the last 2 years; – Observed at least one isolated intestine transplant and at least one combined liver-intestine or multi-visceral transplant; and – 12 months experience on an active intestine transplant service as the primary intestine transplant physician or under the direct supervision of a qualified intestine transplant physician within a 24-month period

- **Provision for Combined Adult and Pediatric Programs.** If adult and pediatric components are combined or co-exist within the same Transplant Program, a primary pediatric intestine transplant physician can function as the primary intestine transplant physician for the adult component, if an adult gastroenterologist is also involved in the care. Programs that serve predominantly pediatric patients should have a board certified pediatrician (or the international equivalent) who meets the requirements for primary intestine transplant physician. If no qualified pediatrician is on staff at the Program, a physician meeting the criteria as a primary intestine transplant physician for adults can function as the primary intestine transplant physician for the pediatric program, if a pediatric gastroenterologist is involved in the care

Expected Impact on Living Donors or Living Donation

Not applicable.

Expected Impact on Specific Patient Populations

No known impact to any specific patient population.

Expected Impact on OPTN Strategic Plan, and Adherence to OPTN Final Rule

This proposal is intended to promote transplant patient safety.

Plan for Evaluating the Proposal

The submission of applications and the successful designation and approval of intestinal transplant programs at member transplant hospitals will be the basis for evaluating this proposal.

Additional Data Collection

This proposal does not require additional data collection.

Expected Implementation Plan

All intestine programs with a current status of “active, approval not required” will be asked if they intend to submit an application. Any current program not meeting these requirements or indicating they no longer want to be an intestine program will be terminated on a specific date. No grandfathering of programs will be granted. After the termination date, only intestine programs qualified under these requirements will be granted OPTN approved status.

This proposal can be implemented without programming in UNetSM.

Communication and Education Plan

Notification of the Bylaw revision would be included in the following routine communication vehicles:

- Policy notice
- System notice
- UNOS Update article
- Transplant Pro/Member Communications archive article
- Presentation at Regional meetings

Compliance Monitoring

Compliance with membership qualification requirements will be done by the MPSC upon application for intestine transplant program designation and approval. Ongoing compliance with program approval requirements will be monitored by membership.

Policy or Bylaw Proposal

Proposed new language is underlined (example) and language that is proposed for removal is struck through (~~example~~).

Appendix J: Membership and Personnel Requirements for Intestine Transplant Programs

This appendix describes the information and documentation transplant hospitals must provide when:

- Submitting a completed membership application to apply for approval as a designated intestine transplant program.
- Completing a Personnel Change Application for a change in key personnel at a designated intestine transplant program.

All transplant programs must also meet general membership requirements, which are described in Appendix D: Membership Requirements for Transplant Hospitals and Transplant Programs of these Bylaws.

For more information on the application and review process, see Appendix A: Membership Application and Review of these Bylaws.

J.1. Designated Intestine Transplant Program Approval Requirement

To apply for OPTN approval of a designated intestine transplant program, the transplant hospital must be an approved OPTN member with a designated liver transplant program.

J.2. Program Director, Primary Transplant Surgeon and Primary Transplant Physician

An intestine transplant program must identify at least one designated staff member to act as the transplant program director. The director must be a surgeon or physician who is an active member of the transplant hospital staff.

The Program must also identify a qualified primary transplant surgeon and primary transplant physician, as described below. The primary surgeon and primary physician, along with the program director, must submit a detailed Program Coverage Plan to the OPTN Contractor. For detailed information about the Program Coverage Plan, see Appendix D, Section D.5.B: Surgeon and Physician Coverage of these Bylaws.

J.3. Primary Intestine Transplant Surgeon Requirements

A designated intestine transplant program must qualify a primary surgeon who meets *all* of the following requirements:

1. The surgeon must have an M.D., D.O., or the foreign equivalent degree and hold a current license to practice medicine in the hospital's state or jurisdiction.
2. The surgeon must be accepted onto the hospital's medical staff, currently be a member in good standing on the hospital's medical staff, and be on site at this hospital.

3. The surgeon must have documentation from the hospital credentialing committee that it has verified the surgeon's state license, board certification, training, and transplant-associated continuing medical education.
4. The surgeon must be currently board certified by the American Board of Surgery, the American Board of Osteopathic Surgery, or the foreign equivalent.

In addition, the primary transplant surgeon must have completed at least one of the training or experience pathways listed below:

- The formal full approval pathway, as described in *Section J.3.A* below.
- The intestine transplant surgeon conditional clinical experience pathway, as described in *Section J.3.B* below.
- The alternative pathway for primarily pediatric programs, as described in *Section J.3.C* below.

A. Fellowship and Experience Pathway

Surgeons can meet the training requirements for primary intestine transplant surgeon by completing a formal transplant fellowship or by clinical experience in an intestine transplant program if the following conditions are met:

1. The surgeon performed at least 7 intestine transplants as primary surgeon or first assistant, with 3 of these transplants performed in the last 5 years. These transplants must be documented in a log that includes the date of transplant, the role of the surgeon in the procedure, and the medical record number or other unique identifier that can be verified by the OPTN Contractor. This log must be signed by the program director, division chief, or department chair from the program where the experience/training was gained.
2. The surgeon performed at least 3 intestine procurements as primary surgeon or first assistant. These procurements must include selection and evaluation of the donor. These procurements must include at least 1 liver-inclusive organ recovery. These procedures must be documented in a log that includes the date of procurement, location of the donor, and Donor ID. This log must be signed by the program director, division chief, or department chair from the program where the experience/training was gained.
3. The surgeon has maintained a current working knowledge of intestine transplantation, defined as direct involvement in intestine transplant patient care within the last 3 years. This includes the management of patients with short bowel syndrome or intestinal failure, the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, performing the transplant operation, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy including side effects of the drugs and complications of immunosuppression, differential diagnosis of intestine allograft dysfunction, histologic interpretation of allograft biopsies, interpretation of ancillary tests for intestine dysfunction, and long term outpatient care.

4. The training was completed at a hospital with a transplant training program approved by the American Society of Transplant Surgeons (ASTS) or accepted by the OPTN Contractor as described in *Section X.5: Approved Intestine Transplant Surgeon Fellowship Training Programs* that follows. Foreign training programs must be accepted as equivalent by the Membership and Professional Standards Committee (MPSC).
5. The following letters are submitted to the OPTN Contractor:
 - a. A letter from the director of the training program verifying that the surgeon has met the above requirements, and is qualified to direct an intestine transplant program.
 - b. A letter of recommendation from the fellowship training program's primary surgeon and transplant program director outlining the surgeon's overall qualifications to act as primary transplant surgeon, as well as the surgeon's personal integrity, honesty, familiarity with and experience in adhering to OPTN obligations, and other matters judged appropriate. The MPSC may request additional recommendation letters from the primary physician, primary surgeon, director, or others affiliated with any transplant program previously served by the surgeon, at its discretion.
 - c. A letter from the surgeon that details his or her training and experience in intestine transplantation.

B. Conditional Approval Pathway

Surgeons can meet the requirements for full approval primary intestine transplant surgeon through a conditional approval clinical experience pathway gained during or post-fellowship, if the following conditions are met:

1. The surgeon has performed at least 4 intestine transplants in the previous 5 years and must perform 3 intestine transplants over the next 3 consecutive years as primary surgeon or first assistant at a designated intestine transplant program, or its foreign equivalent. These transplants must be documented in a log that includes the date of transplant, the role of the surgeon in the procedure, and medical record number or other unique identifier that can be verified by the OPTN Contractor. This log must be signed by the program director, division chief, or department chair from the program where the experience/training was gained. Each year of the surgeon's experience must be substantive and relevant and include pre-operative assessment of intestine transplant candidates, transplants performed as primary surgeon or first assistant and post-operative management of intestine recipients.
2. The surgeon has performed at least 3 intestine procurements as primary surgeon or first assistant. These procurements must include at least 1 procurement of a liver-inclusive graft, selection, and evaluation of the donor. These procedures must be documented in a log that includes the date of procurement, location of the donor, and Donor ID.
3. The surgeon has maintained a current working knowledge of intestine transplantation, defined as direct involvement in intestine transplant patient care within the last 2 years.

This includes the management of patients with short bowel syndrome or intestinal failure, the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, performing the transplant operation, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy including side effects of the drugs and complications of immunosuppression, differential diagnosis of intestine dysfunction in the allograft recipient, histologic interpretation of allograft biopsies, interpretation of ancillary tests for intestine dysfunction, and long term outpatient care.

4. The surgeon develops a formal mentor/proctor relationship with primary intestine transplant surgeon at another fully approved intestine transplant program. The mentor/proctor will discuss program requirements, patient and donor selection, recipient management, and be available for consultation as required until full approval conditions are all met.
5. The following letters are sent to the OPTN Contractor:
 - a. A letter from the director of the transplant program and chair of the department or hospital credentialing committee verifying that the surgeon has met the above requirements and is qualified to direct an intestine transplant program.
 - b. A letter of recommendation from the primary surgeon and transplant program director at the transplant program last served by the surgeon, outlining the surgeon's overall qualifications to act as primary transplant surgeon, as well as the surgeon's personal integrity, honesty, familiarity with and experience in adhering to OPTN obligations, and other matters judged appropriate. The MPSC may request additional recommendation letters from the primary physician, primary surgeon, director, or others affiliated with any transplant program previously served by the surgeon, at its discretion.
 - c. A letter from the surgeon that details the training and experience the surgeon gained in intestine transplantation.
 - d. A letter of commitment from the mentor/proctor surgeon detailing the plan for transitioning the conditionally approved surgeon to full approval status in the prescribed 3-year conditional period.

J.4. Primary Intestine Transplant Physician Requirements

A Designated Intestine Transplant Program must have a primary physician who meets all the following requirements:

6. The physician must have an M.D., D.O., or the equivalent foreign degree, with a current license to practice medicine in the hospital's state or jurisdiction.
7. The physician must be accepted onto the hospital's medical staff, currently be a member in good standing on the hospital's medical staff and be on site at this hospital.

8. The physician must have documentation from the hospital credentialing committee that it has verified the physician's state license, board certification, training, and transplant continuing medical education.
9. The physician must have current board certification in gastroenterology by the American Board of Internal Medicine, the American Board of Pediatrics, or the foreign equivalent.

In addition, the primary transplant physician must have completed the required training and experience requirements as outlined in Section J.4.A below.

Programs that serve predominantly adult patients should have a board certified gastroenterologist (or the foreign equivalent) who meets the criteria for primary intestine transplant physician. If a qualified adult physician is not on staff at the program, a physician meeting the criteria as a primary intestine transplant physician serving primarily pediatric patients can function as the primary intestine transplant physician for the adult program, if an adult gastroenterologist is involved in the care of the adult intestine transplant recipients.

Programs that serve predominantly pediatric patients should have a board certified pediatrician (or the foreign equivalent) who meets the criteria for primary intestine transplant physician. If a qualified pediatric physician is not on staff at the program, a physician meeting the criteria as a primary intestine transplant physician for adults can function as the primary intestine transplant physician for the pediatric program, if a pediatric gastroenterologist is involved in the care of the pediatric intestine transplant recipients.

A. Fellowship and Clinical Experience Pathway

Physicians can meet the requirements for a primary intestine transplant physician during the physician's adult gastroenterology fellowship, pediatric gastroenterology fellowship, or through acquired clinical experience over a 2-5 year period (including accumulated training during any fellowships) if the following conditions are met:

1. The physician has been directly involved in the primary care of at least 7 newly transplanted intestine recipients and continued to follow these recipients for a minimum of 3 months from the time of transplant. This clinical experience must be gained on an active intestine transplant service as the primary intestine transplant physician or under the direct supervision of a qualified intestine transplant physician and in conjunction with an intestine transplant surgeon at a designated intestine transplant program as defined above. This care must be documented in a log that includes the date of transplant and the medical record number or other unique identifier that can be verified by the OPTN Contractor. This log must be signed by the program director, division chief, or department chair from the program where the experience/training was gained.
2. The physician has maintained a current working knowledge of intestine transplantation, defined as direct involvement in intestine transplant patient care within the last 2 years. This includes the management of patients with intestinal failure, the selection of appropriate recipients for transplantation,

donor selection, histocompatibility and tissue typing, immediate post-operative patient care, the use of immunosuppressive therapy including side effects of the drugs and complications of immunosuppression, differential diagnosis of intestine allograft dysfunction, histologic interpretation of allograft biopsies, interpretation of ancillary tests for intestine dysfunction, and long term outpatient care.

3. The physician must have observed at least one isolated intestine transplant and at least one combined liver-intestine or multi-visceral transplant. The physician should also have observed the evaluation, the donation process, and management of at least one multiple organ donor who donated intestine. If the physician has completed these observations, they must be documented in a log that includes the date of procurement, the location of the donor, and the Donor ID.
4. The following letters are submitted to the OPTN Contractor:
 - a. A letter from the qualified transplant physician or the intestine transplant surgeon who has been directly involved with the proposed physician documenting the physician's experience and competence.
 - b. A letter of recommendation from the primary physician and transplant program director at the transplant program last served by the physician outlining the physician's overall qualifications to act as a primary transplant physician, as well as the physician's personal integrity, honesty, and familiarity with and experience in adhering to OPTN obligations, and any other matters judged appropriate. The MPSC may request additional recommendation letters from the primary physician, primary surgeon, director, or others affiliated with any transplant program previously served by the physician, at its discretion.
 - c. A letter from the physician that details the training and experience the physician gained in intestine transplantation.

B. Conditional Approval Pathway

If the primary intestine transplant physician at an approved intestine transplant program does not meet the criteria for full approval, a physician can serve as the primary intestine transplant physician for a maximum of 12 months if the following conditions are met:

1. The physician has current board certification in gastroenterology by the American Board of Internal Medicine, the American Board of Pediatrics, or the foreign equivalent.
2. The physician has been involved in the primary care of at least 5 newly transplanted intestine recipients, and has followed these patients for at least 3 months from the time of their transplant. This care must be documented in a recipient log that includes the date of transplant and the medical record number or other unique identifier that can be verified by the OPTN Contractor. This log must be signed by the program director, division chief, or

department chair from the program where the experience/training was gained.

3. The physician has maintained a current working knowledge of intestine transplantation, defined as direct involvement in intestine transplant patient care within the last 2 years. This includes the management of patients with intestine failure, the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, immediate post-operative patient care, the use of immunosuppressive therapy including side effects of the drugs and complications of immunosuppression, differential diagnosis of intestine allograft dysfunction, histologic interpretation of allograft biopsies, interpretation of ancillary tests for intestine dysfunction, and long term outpatient care.
4. The physician has 12 months experience on an active intestine transplant service as the primary intestine transplant physician or under the direct supervision of a qualified intestine transplant physician along with an intestine transplant surgeon at a designated intestine transplant program, or the foreign equivalent. These 12 months of experience must be acquired within a 2-year period.
5. The physician should have observed at least one isolated intestine transplant and at least one combined liver-intestine or multi-visceral transplant. The physician should also have observed the evaluation, the donation process, and management of at least one multiple organ donor who donated an intestine. If the physician has completed these observations, they must be documented in a log that includes the date of procurement, the location of the donor, and Donor ID.
6. The transplant program submits activity reports to the OPTN Contractor every 6 months describing the transplant activity, transplant outcomes, physician recruitment efforts, and other operating conditions as required by the MPSC to demonstrate the ongoing quality and efficient patient care at the program. The activity reports must also demonstrate that the physician is making sufficient progress to meet the required involvement in the primary care of at least 7 intestine transplant recipients, or that the program is making sufficient progress in recruiting a physician who meets all requirements for primary intestine transplant physician and who will be on site and approved by the MPSC to assume the role of primary physician by the end of the 12 month conditional approval period.
7. The program has established and documented a consulting relationship with counterparts at another fully approved intestine transplant program.
8. The following letters are submitted to the OPTN Contractor:
 - a. A letter from the qualified intestine transplant physician and surgeon who were directly involved with the physician verifying that the physician has satisfactorily met the above requirements to become the primary transplant physician of an intestine transplant program.

- b. A letter of recommendation from the primary physician and transplant program director at the transplant program last served by the physician outlining the physician's overall qualifications to act as a primary transplant physician, as well as the physician's personal integrity, honesty, and familiarity with and experience in adhering to OPTN obligations, and any other matters judged appropriate. The MPSC may request additional recommendation letters from the primary physician, primary surgeon, director, or others affiliated with any transplant program previously served by the physician, at its discretion.
- c. A letter from the physician that details the training and experience the physician gained in intestine transplantation.

J.5.Process for Full Approval Following Conditional Approval.

The conditional approval period begins on the first approval date granted to the personnel change application, whether it is interim approval granted by the MPSC subcommittee, or approval granted by the full MPSC. The conditional approval period ends 36 months after the first approval date of the application.

The MPSC may consider on a case-by-case basis the granting of a 6-month extension to a transplant program that provides substantial evidence of progress toward fulfilling the requirements, but is unable to complete the requirements within three years.

Once the program has met the full approval requirements for both primary surgeon and physician, they may petition the OPTN Contactor for full approval.

If the program is unable to demonstrate that it has individuals on site that can meet the requirements as described in Section X.X.A above at the end of the 3 year conditional approval period, it must inactivate. The requirements for Program inactivation are described in Appendix K: Transplant Program Inactivity, Withdrawal, and Termination of these Bylaws.

J.6 Approved Intestine Surgeon Transplant Fellowship Programs

Surgeons qualify as primary transplant surgeon based on the full approval pathway, as described in Section J.3.A or the conditional approval pathway as described in Section J.3.B. Any program approved for training by the Fellowship Training Committee of the American Society of Transplant Surgeons is automatically accepted by the MPSC, as well as any program that meets the following criteria:

1. The program is at a hospital that transplants one or more organs, including intestines.
2. The program is at an institution that has a proven commitment to graduate medical education.
3. The program director is a board-certified surgeon who meets the OPTN Contractor requirements for primary intestine transplant surgeon.

4. The program is at a hospital that is affiliated with a histocompatibility laboratory that meets the OPTN Contractor requirements for histocompatibility laboratories.
5. The program is at a hospital that is affiliated with an organ procurement organization (OPO) that meets the OPTN Contractor requirements for OPOs.
6. The program performs at least 10 intestine transplants each year from deceased donors.
7. The program has the resources, including adequate clinical facilities, laboratory research facilities, and appropriately trained faculty and staff, to provide research experience.